

# **Harrisonburg – Rockingham Emergency Communications Center**



## **Personal History Statement**

Revised May 2004

## READ THESE INSTRUCTIONS FIRST!

This form is part of the initial phase of the employment process. It is imperative that all questions are answered in detail. All information is CONFIDENTIAL. This document will be used to verify your personal background. Any FALSE, MISLEADING, INCOMPLETE, or UNTRUTHFUL responses to any questions will disqualify you from the process.

Questions that require a “yes” or “no” response shall be checked in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 12. Each answer should be numbered to correspond with the appropriate question.

*You are required to sign and date all pages. Read page 14 carefully prior to signing that page.*

### **Please note:**

You **MUST** furnish copies of the following documents upon submission of your Personal History Statement:

1. Birth certificate or other proof of a United States citizenship
2. High school diploma or equivalent certification
3. Social security card
4. Signed implied consent form (see next page)

If applicable, furnish copies of:

1. Military discharge (DD214)
2. Marriage certificate
3. Divorce decree (s) or legal separation paper
4. Certified copies of college or university transcript(s)

## Harrisonburg – Rockingham Emergency Communications Center Personal History Statement

Personal Data			
1. Name (Print): First, Middle, Last		Maiden Name	
2. List any other name(s) you have used if different from above: (include all nicknames)			
Have you ever legally changed your name? ( ) No ( ) Yes If Yes, what was/were your former name(s)?			
Court Jurisdiction: _____		Date: _____	
3. Present Address: (Number, Street, Apt. Number, City, State, Zip Code)		Telephone Number Home: (     ) Work: (     )	
4. Social Security Number: /       /	Date of Birth:	Hair Color:	Eye Color:
Place of Birth (City, State)		Where did you grow up? (City, State)	
5. Place of Naturalization: (if applicable) City and State: Date of Naturalization: Naturalization Certificate Number:			
6. Father's Name:		7. Mother's Name:	
Address:		Address:	
Home phone:	Work phone:	Home Phone:	Work Phone:
Father's Occupation:		Mother's Occupation:	
8. If you were raised by someone other than your natural parents, provide the following information: Name: Relationship: Address: Home phone: Work phone:			
9. If either parent is remarried, advise the name and address of stepparents:  A.  B.			
Applicant's Signature:		Date:	

10. List the names, ages and addresses of your brothers, half brothers, stepbrothers, sisters, half sisters, and stepsisters.			
Name	Date of Birth	Address	
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
11. What is your present marital status? ( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed			
Spouse: (Include maiden name, if applicable)			
Name: _____ Date of Birth: _____ SSN: _____/_____/_____			
Address: _____			
Employer: _____ Occupation: _____			
Address: _____ Telephone: _____			
12. How many times have you been married? _____ Number of times divorced? _____ Widowed? _____			
Name of ex-spouse	Address	Date of Divorce	Jurisdiction
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
13. Do you have any children? ( ) No ( ) Yes If Yes, provide:			
Name	Date of Birth	Address if other than yours	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
14. Do you have any other dependents other than those listed above? ( ) No ( ) Yes If Yes, provide:			
Name	Date of Birth	Address if other than yours	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
<div style="display: flex; justify-content: space-between;"> <span><b><i>Applicant's Signature:</i></b></span> <span><b><i>Date:</i></b></span> </div>			

15. Have you ever possessed, tried, experimented with, or sold any illegal drug or illegally used prescription medication? ( ) No ( ) Yes If Yes, provide the following: (Method = possessed, tried, experimented, sold)																															
Drug Name	Number of Times	Method	Last Time Used	Drug Name	Number of Times	Method	Last Time Used																								
1. Marijuana				12. Barbituates																											
2. Hashish				13. Morphine																											
3. Cocaine				14. Methamphetamine																											
4. Crack				15. Muscaline																											
5. LSD				16. Codeine																											
6. PCP				17. Ice																											
7. Acid				18. Designer Drugs																											
8. Mushrooms				19. Steroids																											
9. Peyote				20. Inhalants (glue, paint thinner, etc)																											
10. Opium				21. Other																											
11. Heroin																															
16. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco or snuff? ( ) No ( ) Yes																															
17. Are you a member, or have you ever been a member, or had any affiliation with any communist or subversive organization; or any political party or organization which advocates the overthrow of the United States government? ( ) No ( ) Yes If Yes, explain: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>																															
18. Are you now, or have you ever been a member, or supported the basic beliefs of any group, associations or organization which advocates aggression or violence toward any person or group of persons because of race, religion, gender, sexual orientation or ethnic origin? ( ) No ( ) Yes If Yes, explain: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>																															
19. Have you ever applied for employment with any law enforcement, public safety, or communications agency? ( ) No ( ) Yes If Yes, list: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 35%;">Agency</th> <th style="width: 35%;">Position</th> <th style="width: 15%;">Status</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>								Date	Agency	Position	Status	1. _____	_____	_____	_____	2. _____	_____	_____	_____	3. _____	_____	_____	_____	4. _____	_____	_____	_____	5. _____	_____	_____	_____
Date	Agency	Position	Status																												
1. _____	_____	_____	_____																												
2. _____	_____	_____	_____																												
3. _____	_____	_____	_____																												
4. _____	_____	_____	_____																												
5. _____	_____	_____	_____																												
20. Have you ever been requested to take a polygraph examination? ( ) No ( ) Yes If Yes, reasons and where administered: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>																															
21. Have you ever been denied employment with any law enforcement, public safety, or communications agency? ( ) No ( ) Yes If Yes, explain: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>																															
<b><i>Applicant's Signature:</i></b>				<b><i>Date:</i></b>																											

<b>E d u c a t i o n</b>			
22. Name of High School graduated from or last attended:			Year Graduated:
Address:			
If you did not graduate, highest grade completed:			
If GED, give date and state of issuance:			
23. Colleges, Universities, other school attended	Address	Major/Minor	Year and Degree Awarded
1.			
2.			
3.			
4.			
24. Have you ever attended a police or public safety academy? ( ) No ( ) Yes If yes, provide:			
Name of Academy and Address		Course of Instruction	Dates Attended
1. _____		_____	_____
2. _____		_____	_____
3. _____		_____	_____
<b>F i n a n c i a l   D a t a</b>			
25. List all debts, including home mortgages, car notes, all open credit card accounts, personal loans:			
Type of Account	Monthly Payments	Present Balance	To whom owed: Name and Full Address
1.			
2.			
3.			
4.			
5.			
6.			
26. Have you ever filed for or been adjudicated bankrupt? ( ) No ( ) Yes. If Yes, date of discharge in bankruptcy _____			
Location: _____ Court of jurisdiction: _____			
Amount of indebtedness: _____ Give details: _____			
27. Have you ever been sued? ( ) No ( ) Yes If Yes, give details, such as date, place, court, amount of each judgment and final disposition: _____			
_____			
28. Do you pay alimony or child support? ( ) No ( ) Yes Do you receive alimony or child support? ( ) No ( ) Yes			
If yes to either question list to or from whom: _____			
In the amount of \$ _____ per month, total per year \$ _____			
Details: _____			
<b><i>Applicant's Signature:</i></b>			<b><i>Date:</i></b>

## Military Data

29. Have you ever been a member of any branch of the Armed Forces? ( ) No ( ) Yes

If Yes, branch name: \_\_\_\_\_ Service Number: \_\_\_\_\_

Date entered: \_\_\_\_\_ Date discharged or pending discharge: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Primary duties: \_\_\_\_\_

Type of discharge: ( ) Honorable ( ) General ( ) Dishonorable

30. Are you a member of any military reserve unit or National Guard? ( ) No ( ) Yes

If Yes, branch name: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Rank: \_\_\_\_\_ ( ) Active ( ) Inactive

31. Have you ever been a member of any military service other than the United States? ( ) No ( ) Yes

If Yes, what country? \_\_\_\_\_ Identification Number: \_\_\_\_\_

Length of service: \_\_\_\_\_

32. During your military service as outline above

A. Were you ever disciplined, or did you ever receive a summary or deck court martial, article 15? ( ) No ( ) Yes

B. Did you ever appear before any command personnel for disciplinary reasons? ( ) No ( ) Yes

If Yes, give reasons:

	Date	Charges	Disposition
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

C. Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct? ( ) No ( ) Yes If Yes, list:

	Date	Charges	Disposition
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

33. Have you ever been turned down, denied entry or rejected by any branch of the Armed Services for any reason?

( ) No ( ) Yes If Yes, explain:

	Date	Branch	Reason
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

***Applicant's Signature:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

Employment History	
1	1980-1982
2	1983-1985
3	1986-1988
4	1989-1991
5	1992-1994
6	1995-1997
7	1998-2000
8	2001-2003
9	2004-2006
10	2007-2009
11	2010-2012
12	2013-2015
13	2016-2018
14	2019-2021
15	2022-2024

34. Start with your current employer and in reverse chronological order, list your entire work history. Include any periods of unemployment, military service, and part-time work.

Date of Employment	City of Employment	Full Name, Address and ZIP code of Employer	Position, Salary and Supervisor	Reason for Leaving
From:	City:			
Present:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			

35. Give full facts as to each discharge or each forced resignation from any position:

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***Applicant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

Date: \_\_\_\_\_



### Arrest Record

36. Have you ever been charged, or arrested for any criminal offense in your lifetime? ( ) No ( ) Yes If Yes, describe:

	Date	Jurisdiction	Charge(s)	Disposition
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

### Motor Vehicle Driving History

37. In what state are you currently licensed to drive? \_\_\_\_\_ Permit Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Are there any restrictions or special conditions attached with your operator's license? ( ) No ( ) Yes If Yes, explain: \_\_\_\_\_

List any other state in which you have been licensed to operate a motor vehicle: \_\_\_\_\_

38. List all tickets, summons citations that you have received, regardless of the disposition (if found guilty, dismissed, nolle prosequi, or no contest plea, etc). Exclude parking tickets. Give a chronological listing, starting with the most recent offense and indicate the following:

	Date	Jurisdiction	Charge(s)	Disposition
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

39. Has your privilege to drive ever been suspended or revoked? ( ) No ( ) Yes

If Yes, give date, place and reason:

40. A. Have you ever been required to attend a driving improvement course? ( ) No ( ) Yes If Yes, provide information:

	Date	Location	Reason
1.	_____	_____	_____
2.	_____	_____	_____

B. Have you ever volunteered to attend a driver improvement course? ( ) No ( ) Yes

Were any points removed from your driving record upon completion of the course? ( ) No ( ) Yes

If yes, how many? \_\_\_\_\_ Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

41. Has your automobile insurance ever been cancelled? ( ) No ( ) Yes If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Applicant's Signature:***

***Date:***

42. List all vehicles registered to you:			
Year	Make	Model	Tag Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
<b>Medical Information</b>			
<p>This information will be used to assess your ability to undergo testing procedures and to identify factors which may impede your performance on such tests. Candidates who have medical conditions which may impede their ability to perform a specific test will be offered reasonable accommodations.</p> <p style="text-align: center;"><b>If you answer yes to any of the following, please explain in detail.</b></p>			
<p>43. Are you currently under the care of a doctor? ( ) No ( ) Yes</p>     			
<p>44. Do you currently take any prescription medication? ( ) No ( ) Yes</p>     			
<p>45. Have you ever had any heart problems or do you experience hypertension? ( ) No ( ) Yes</p>     			
<p>46. Do you have a history of seizures or other related events? ( ) No ( ) Yes</p>     			
<p>47. Have you ever been treated for asthma or other respiratory disorder? ( ) No ( ) Yes</p>     			
<i>Applicant's Signature:</i>		<i>Date:</i>	

## Residential History

48. List all your residences in reverse chronological order. Provide the names and addresses of the two nearest neighbors, even if not acquainted. Also list current and former roommates, landlords, realty companies, etc. associated with each location. *If additional space is required make a copy of this page before filling out.*

Date	Complete Address	Neighbors/Roommates/Landlord/Realty Co.
From:		1.
Present:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.

***Applicant's Signature:***

***Date:***

## References

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



[illegible]


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## Additional Information

*Applicant's Signature:*

*Date:*

## Harrisonburg – Rockingham Emergency Communications Center

I understand that all of the information contained within is CONFIDENTIAL and will only be used to verify my personal history. FALSE, MISLEADING, INACCURATE or INCOMPLETE answers will disqualify me from employment.

**Sign this page in the presence of a Notary Public**

I hereby certify that all information in the Personal History Statement is accurate and true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of Virginia  
County of Rockingham

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

By \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

## **Harrisonburg – Rockingham Emergency Communications Center**

### **Implied Consent Form Authorizing Release of Personal Information**

Applicants Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License Number: \_\_\_\_\_ State License Issued In: \_\_\_\_\_

This release, when presented by a duly authorized representative of the Harrisonburg – Rockingham Emergency Communications Center will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and other information regarding my character and background.

Specifically, I hereby authorize the release of the following data and/or records to the Harrisonburg – Rockingham Emergency Communications Center:

1. Employment information (including disciplinary actions and commendations)
2. Educational information (including the release of transcripts)
3. Credit information
4. Selective service information
5. Criminal records and other information from law enforcement agencies
6. Results of polygraph tests and background reports done by any other agency
7. Other information pertaining to my character and/or personality

This authorization is given in connection with a full field background investigation being Conducted relative to my application for employment with the Harrisonburg – Rockingham Emergency Communications Center. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_